tablet or capsule (8.2%). 12% of the T&CM users had experienced at least one (1) side effect presumably related to the T&CM use. Socio- demographic factors such as gender, age, level of education, nature of job and illness, demonstrated significant association with the use of T&CM.

Conclusion: The study showed that there is a high prevalence of T&CM use by the studied population which involved various T&CM modalities. Thus this information will be helpful for future clinical implications in terms of research and development, as well as public education on T&CM use around the region.

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P4.024

Retrospective clinical record review of a Chinese medicine tertiary teaching clinic in Australia

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Purpose: Approximately one in five adult Australia used Chinese medicine. Respiratory disorders are among the common reasons that people seek Chinese medicine treatment. This study aimed to systematically collect and analyze the characteristics of patients, particularly those with respiratory disorders, presented to a Chinese medicine tertiary teaching clinic in Australia.

Methods: Patients' clinical records from 1 January 2010 to 31 December 2011 at the Chinese medicine teaching clinic of RMIT University, Australia were extracted to a pre-defined template and were analyzed using SPSS version 21.0.

Results: The mean age of patients was 42. Approximately two thirds of the patients were female (65.7%) and Australian-born (66.2%). The most common conditions that patients sought Chinese medicine treatments were musculoskeletal and pain disorders, emotional disorders, obstetrics and gynaecological disorders, respiratory disorders and gastrointestinal disorders. Detailed information on 1677 clinical records presented by 261 patients with respiratory disorders as the primary complaints were further analyzed. The commonly presented respiratory disorders included common cold, cough, allergic rhinitis, sinus problems and asthma. Common acupuncture points and Chinese herbal medicine used to manage respiratory disorders included LI4, SJ5, LU7, GB20 and LU5, and formulations Yin Qiao San and Sang Ju Wan. Acupuncture was given at almost all visits (97.5%) and was combined with herbs most of the time (64.0%). Of the patients presented with respiratory disorders, 15 adverse events were reported. Twelve events were mild; three were moderate; and none were considered severe.

Conclusion: This study provided insights on patients' characteristics and treatment practice in a Chinese medicine tertiary teaching clinic in Australia. Respiratory conditions are commonly presented and treated with a combination of acupuncture and herbs. Chinese medicine appeared to be safe and well tolerate by patients.

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RESEARCH METHODOLOGY

P5.001

Are meta-analyses of Chinese herbal medicine trials trustworthy and clinically applicable? A cross-sectional study

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Purpose: Meta-analysis (MA) on Chinese herbal medicine (CHM) trials is increasingly published and indexed in major international databases but their trustworthiness and clinical applicability is uncertain. We aimed to assess the characteristics and methodological quality of MA on CHM.

Methods: Cross-sectional study. MA published during 1993–2013 was sampled from MEDLINE, EMBASE, Cochrane Database of Systematic Reviews and Database of Abstracts of Reviews of Effect. Bibliographical characteristics were abstracted and methodological quality was assessed using the validated AMSTAR tool by two independent reviewers.

Results: Total of 201 MA were included and half were published in or after 2009. Only 7.5% being updates of previous reviews. Majority are published in journals with low or no impact factor, with a median of 1.5. These MA demonstrated methodological strengths in ensuring comprehensive literature search, providing characteristics of the included studies, assessing the scientific quality of included studies and appropriately using the scientific quality of included studies in formulating conclusions. Nevertheless, weaknesses in protocol provision, listing of included and excluded studies, inclusion of grey literature, use of appropriate meta-analytic technique as well as reporting of funding sources were prevalent. CHM and control interventions pooled in majority of MA are found to have substantial clinical heterogeneity in terms of composition, dosage form and route of administration.

Conclusion: There are rooms for improvement in methodological rigor, and in choosing clinically homogenous interventions and control for statistical pooling. These shortcomings limit the trustworthiness and clinical applicability of existing MA on CHM trials. To overcome the limitations of pair-wise meta-analysis in synthesizing trials comparing different CHM and control interven-

tions, the potential of network meta-analysis should be explored.

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P5.002

Incorporating Traditional Chinese Medicine Syndrome Differentiation in Randomized Trials: Methodological Issues (Cochrane CAM Field Invited Commentary)

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Purpose: In traditional Chinese medicine (TCM) practice, decision on prescription is based on a process called Bian Zheng Lun Zhi (syndrome differentiation guided treatment decision). The syndrome differentiation process may not be recognized in conventional standards of randomized controlled trial (RCT), limiting the model validity and generalizability of results.

Methods: This article discussed how syndrome differentiation, a classical TCM approach in diagnosis, can be incorporated into RCT design.

Results: Four methodological solutions were proposed: (i) Lesson learnt from the design of patient reported outcome questionnaire can inform how TCM diagnosis instrument could be developed. A proper TCM diagnostic tool with sound psychometric properties can reduce variation in the syndrome differentiation process. (ii) Treatment strategies for a specific TCM diagnosis could be highly diversified. Delphi technique can inform the design of optimal treatment program by facilitating consensus among experts. (iii) Subgroup analysis is often needed in RCT recruiting patient with several TCM diagnosis. It is highlighted that investigators should consider whether the design, analysis and context of the trial are robust enough to support a reliable claim of subgroup effect associated with a particular TCM diagnosis. (iv) Finally, we discussed alternative research and analysis approaches for handling misalignment of Western and TCM diagnoses, including the possibility of unifying TCM syndrome with Western phenotypes using latent class analysis.

Conclusion: Further methodological advances are needed in the better alignment of classical TCM theories and diagnostic instrument development, as well as in reducing bias during the expert consensus processes.

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P5.004

Chinese herbal medicine as adjuvant treatment to chemotherapy for multidrug-resistant tuberculosis (MDR-TB): a systematic review of randomised clinical trials

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Purpose: Chinese herbal medicine (CHM) has been increasingly used as an adjuvant treatment for multi-drug resistant tuberculosis (MDR-TB) in China. To inform clinical practice, we performed a systematic review on the beneficial effect and safety of CHM for MDR-TB.

Methods: We systematically searched the six electronic databases for randomised clinical trials (RCTs) of CHM plus chemotherapy for MDR-TB. RevMan 5.2 software was used for data analyses with effect estimates presented as risk ratio (RR) with 95% confidence interval (CI).

Results: 28 RCTs involving 3085 participants with MDR-TB were included. The methodological quality was generally poor in terms of risk of bias. Meta-analyses favoured CHM plus chemotherapy on sputum bacteriological conversion rate compared with chemotherapy alone after initiation of treatment (6th months: RR 1.29, 95% CI 1.14 to 1.46, n=11; 12th months: RR 1.38, 95% CI 1.19 to 1.59, n=5; 18th months: RR 1.19, 95% CI 1.11 to 1.28, n=7). Compared with chemotherapy alone, meta-analysis showed benefit from CHM plus chemotherapy on lung lesions absorption rate (12th months: RR 1.26, 95% CI 1.09 to 1.46, n=3; 18th months: RR 1.18, 95%CI 1.07 to 1.30, n=6) and pulmonary cavity closure rate by radiological examination (18th months: RR 1.24, 95%CI 1.01 to 1.51; n=4), relapse rate (RR 0.28, 95%CI 0.16 to 0.50, n=4), and abnormal liver function (RR 0.56, 95% CI 0.46 to 0.69, n=14).

Conclusion: CHM as an adjuvant to anti-TB chemotherapy may have beneficial effect for MDR-TB in terms of bacteriological and radiological outcomes, and is safe. However, due to poor methodology of the included trials, a confirmative conclusion needs to be supported through further robust clinical trial.

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